ARKANSAS DEPARTMENT OF CORRECTION

RED RIBBON RUN SCHOLARSHIP RECIPIENT GUIDELINES

- Scholarship applications will be provided to the following schools:
 Pine Buff High School
 Watson Chapel High School
 White Hall High School
- Scholarships will be given to a **graduating high school senior** from Jefferson County. (Also includes all High Schools seniors who are children of employees of the Department of Correction and Correct Care Solutions)
- The recipient must attend an accredited college or university in the State of Arkansas.
- The recipient must be a citizen of the USA.
- The number of hours a scholarship recipient **must carry** will be 12 hours or more per semester.
- The Red Ribbon Run Committee or an appointed designee will look at the financial need of each applicant. (Proof of financial need should be given on the application).
- The number of scholarships given this year will be five (5) at \$750 each.
 (Only when monies are available and voted on by the Committee shall the number and dollar amount change.)
- Scholarship monies will be used for (a) tuition (b) books, (c) fees or (d) equipment.
- The scholarship check will be made payable to the college or accredited school.
- The applicant must have a 2.00-point grade average to be eligible for a scholarship from the Department of Correction – Red Ribbon Run committee.
- Scholarship applications must be completed in full before the committee will accept.

RED RIBBON RUN DEPARTMENT OF CORRECTION SCHOLARSHIP APPLICATION

RETURN TO: RETURN BY: Shirley Lowe April 3, 2015 Dept of Correction P.O. Box 8707 Pine Bluff, AR 71611 Applicant's Information: Name: Address: City, State, Zip: _____ Phone: _____ Marital Status: _____ Age: Number of Dependents: _____ SS#: ____ Name of Current or last employer (if any): Position: Salary/Wages: \$_____ SOURCE & AMOUNT OF FUNDS AVAILABLE FOR SEMESTER IN WHICH SCHOLARSHIP IS REQUIRED Parents: \$ Own Income: \$ Scholarship: \$_____ Other (Spouse, Relative, etc): \$_____ Savings: \$ _____ Step-Parents: \$ _____ Have you previously received assistance from another source? How much? _____ Yes ____ No Amount \$ _____ Have you applied or do you plan to apply to another source? How much? _____ Yes _____ No Amount \$ _____

Name of Source:

IDENTIFICATION OF INDIVIDUAL (S) PROVIDING ASSISTANCE

| Name or parents, guardian, or spouse: | · |
|---------------------------------------|----------------------------------|
| Relationship: | |
| Address: | |
| City, State, Zip: | |
| | MENT AND POSITION filled out) |
| Father/Step-father: | |
| Mother/Step-mother: | |
| Spouse: | |
| Guardian/Relative: | |
| EDUCATIONAL INSTITUTION A | APPLICANT IS NOW ATTENDING |
| School's Name: | |
| City, Zip: | |
| Grade Average: | |
| EDUCATIONAL INSTITUATION | THAT ENROLLMENT IS DESIRED |
| Institution's Name: | |
| City, State, Zip: | |
| Degree Sought: | |
| Expected Date of Completion: | |
| Amount of Tuition/Fees per semester: | \$ |
| Date payment is due: | Date term begins: |

- Please include the following with this application:
 1. Copy of your school transcript
 2. ACT scores
 3. Grade point average
 4. Letters of reference
 5. Information about school activities and extra-curricular activities.

ARKANSAS DEPARTMENT OF CORRECTION RED RIBBON RUN

SCHOLARSHIP RECIPIENT INFORMATION

| RECIPIENT NAME: | |
|------------------------|---------------------|
| Address (parents): | |
| Your address at colleg | e: |
| | |
| Phone No: (Home) | (College) |
| Birth date: | Social Security: |
| | COLLEGE INFORMATION |
| College Name: | |
| Address: | |
| | |
| Phone No (Financial ai | de): |
| | |

It is important that this form be filled out and returned to Department of Correction by the due date to Shirley Lowe, P.O., and Box 8707, Pine Bluff, AR 71611.

If you have any questions, please call Shirley Lowe at 267-6215. HAVE A GREAT YEAR AT COLLEGE.